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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/462,179			ing Date 10/2000	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			NUMBER FI	.ED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A			N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A			N/A	
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		mir	us 20 = *	•		x s =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		•		X \$ =			X \$ =	
	APPLICATION SIZE (37 CFR 1 16(s))	FEE sh	eets of pap \$250 (\$125 Iditional 50	rings exceed 100 tion size fee due y) for each ion thereof. See 87 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(j))									1		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	03/14/2011	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(ii)	· 15	Minus	26	= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1,16(h))	· 1	Minus	3	= 0		X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,160))	*	Minus	*	=		× \$ =		OR	x s =	
≥	Independent (37 CFR 1.16(h))		Minus	***	-		X \$ =		OR	X \$ =	
Ε̈́	Application Size Fee (37 CFR 1.16(s))					ı			1		
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))						TOTAL		OR		
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							atrum ant E	OR	TOTAL ADD'L FEE	
"If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 38 U.S. C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gladering, preparing, and submitting the completed application from the USPTO. Time will vary depending upon the ininivibual case. Altry comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chell Information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, V.S.231+450. D.O.NO. TSEND FEES OR COMPLETED FORMS TO THIS. ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.